

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>North Wood Advertising</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 09 / 2016</b>		
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount <b>3854.00</b>		
City Minneapolis	State MN	Zip Code 55402	Transaction ID : <b>D711485</b>		
Purpose of Expenditure Radio		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 15 / 2016</b>		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>		
Calendar Year-To-Date Per Election for Office Sought		<b>3854.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>North Wood Advertising</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 22 / 2016</b>		
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount <b>14544.37</b>		
City Minneapolis	State MN	Zip Code 55402	Transaction ID : <b>D711486</b>		
Purpose of Expenditure Video Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 08 / 2016</b>		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought		<b>14961.62</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>18398.37</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 09 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>California Nurses Association</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 07 / 2016</b>		
Mailing Address <b>155 Grand Avenue</b>			Amount <b>100.00</b>		
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D711487</b>		
Purpose of Expenditure Online Ad		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 08 / 2016</b>		
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>14961.62</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>California Nurses Association</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 06 / 2016</b>		
Mailing Address <b>155 Grand Avenue</b>			Amount <b>47.25</b>		
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D711488</b>		
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 09 / 2016</b>		
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>14961.62</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>147.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Martha Kuhl

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>California Nurses Association</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 07 / 2016</b>		
Mailing Address <b>155 Grand Avenue</b>			Amount <b>270.00</b>		
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D711489</b>		
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 09 / 2016</b>		
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>14961.62</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>270.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>18815.62</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

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Signature